HEALTH RESOURCE™
PUBLISHING COMPANY

April 28, 2000

Dockets Management Branch
(HFA - 350)
Food and Drug Administration
5630 Fishers Lane
Room 1061
Rockville, MD 20852

Re: Docket No. 00N-0352; Status of Useful Written Prescription Drug Information

Dear Sir or Madam:

Health Resour$_x$ce® Publishing Co. (HRPC) is pleased to submit comments to the Food and Drug Administration (FDA) concerning the Status of Useful Written Prescription Drug Information for Patients. 65 Fed. Reg. 7022 (Feb. 11, 2000). Pursuant to Public Law 104-180 and the "Action Plan for the Provision of Useful Prescription Medicine Information" (Action Plan), 75% of individuals must receive useful written information with new prescriptions by the year 2000, and 95% of such individuals must receive such information by the year 2006. HRPC supports FDA's efforts to achieve the goals of Public Law 104-180 and the Action Plan.

INTRODUCTION

HRPC assists retail pharmacies nationwide by providing their patients with a customized educational newsletter printed at the pharmacy and given to the patient with his or her prescription. The HRPC prepared newsletter includes several components. The first section is the Patient Information Leaflet (PIL), which includes information about the proper use of the drug dispensed to the patient, including the name of the drug, indications for use, drug interaction precautions, adverse reactions, and possible side effects. Other sections of the newsletter present related health information. For example, when a consumer fills a prescription for a diabetes medication, the newsletter might include an article describing the preventative steps a person with diabetes should take to protect his or her feet, since foot infections are a common complication of diabetes. The newsletter also may include an "FYI" section through which patients can request

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information on a variety of health related topics from their pharmacist. Finally, the newsletter contains, in a separate and distinguishable section, advertising and coupons for health and non-health related items.

The PIL section of the HRPC is intended to satisfy the "useful patient information" criteria of the Action Plan and Public Law 104-180. The HRPC PIL is scientifically accurate, useful, neutral in tone, and presented in a format that is easily understandable to consumers. In 1999, HRPC-produced PILs were in over 3,000 pharmacies throughout the United States.

An expert, independent company, MedEduSource, prepares the PILs for HRPC. MedEduSource is a group of specialists in medical information based in Cincinnati. There are two primary contributors to the HRPC PIL -- the Assistant Executive Director of the Ohio Pharmacists Association, a pharmacist and the editor of the Association's professional journal, and the past president of the Ohio Pharmacists Association, also a pharmacist and clinical instructor at the University of Cincinnati School of Pharmacy.

All HRPC PILs are developed from authoritative references, including FDA-approved product labeling and other information. MedEduSource also relies upon FDA regulations and guidances, U.S. Pharmacopeia entries and dispensing information, manufacturer-supplied materials, and research through MedLine, International Pharmaceutical Abstracts, and other similar information services.

The MedEduSource PILs are then sent to the HRPC Advisory Board for further review. The Advisory Board includes pharmacists, physicians, and a consumer representative. The Advisory Board reviews each PIL for medical accuracy, safety, and consumer appeal.

In each participating pharmacy, HRPC installs a laser printer, a personal computer, and a modem hook-up. On a bi-weekly basis, HRPC transmits by modem to the computer in each participating pharmacy the content of different PILs and newsletters which accompany the dispensed prescription drugs. Based upon this up-to-date information, the pharmacy is able to print a customized newsletter with useful prescription information for each individual patient.

THE 8-STATE STUDY

Pursuant to Public Law 104-180 and the Action Plan, 75% of individuals obtaining new prescriptions by the end of year 2000 must be receiving useful written information regarding their prescriptions. Needing a model to measure this legislatively mandated goal, FDA funded a pilot study conducted by Bonnie L. Svarstad and Dara Bultman of the University of Wisconsin. The

study, "Evaluation of Written Prescription Information Provided in Community Pharmacies: An 8-State Study" (the interim study), assessed the written prescription information for three drugs obtained from 306 pharmacies in eight states. A panel of experts evaluated the adequacy of the written information collected against the criteria set forth in the Action Plan.

The interim survey was intended to measure the extent to which patient information met the criteria set forth in the Action Plan. The interim survey is the model for a final study to be conducted in year 2000 which will measure compliance with the goals of the Action Plan and the Public Law. In the Federal Register notice of February 11, 2000, FDA asked for comments on several questions raised by the interim study. FDA intends to review the comments received and incorporate them, as appropriate, into the final study.

HRPC commends FDA and the interim study authors for an excellent start to the quantification of a very difficult and subjective proposition -- the measurement of "useful patient information." In HRPC's view, the interim study will be, with some modification, an excellent model for the conduct of the final study.

In aid of this process, HRPC offers its views on the following issues:

- the "all or nothing" approach;
- the importance of consumer involvement;
- other methodological issues in the conduct of the interim and final studies;
- the presentation of risk information; and
- the problems of a standard format for the PIL.

FDA SHOULD REJECT THE "ALL OR NOTHING" APPROACH URGED BY SOME COMMENTATORS

The Action Plan sets out eleven elements as part of "useful written prescription information": drug name, warnings, indication for use, contraindications, precautions, possible adverse reactions, risks of tolerance to and dependence on the drug, proper use, storage, general

information, and disclaimers.[1] Under the Action Plan, written prescription drug information should be scientifically accurate and unbiased, should identify the drug and its benefits, should identify contraindications, should include specific directions, storage instructions, and precautions in sufficient detail for proper adverse event reporting, and should be legible and timely. In evaluating the written prescription information obtained in the interim study against these criteria of the Action Plan, Dr. Svarstad and her colleagues considered the extent to which the information fully complied with each criterion or only partially complied.

During a public workshop on February 29 and March 1, 2000 to discuss the interim study, and in comments already submitted to FDA, some have advocated that the methodology for the final study must include a criterion that the standard for "useful information" is 100 percent adherent to the Action Plan. If a PIL fails on one criteria, it should be deemed not to be in compliance.

HRPC urges rejection of this "all or nothing" approach. Public Law 104-180 does not contemplate such a rigid scheme. The law seeks the distribution of "useful written information" which is scientifically accurate, non-promotional in tone and content, sufficiently specific and comprehensive, and in an understandable and legible format. The law does not state that patient information cannot meet the statutory requirement of "usefulness" if there is less than 100 percent compliance with any single criterion.

Nor does the Action Plan assume such a draconian scheme. The Action Plan sets forth six "criteria" for written prescription information: scientifically accurate, unbiased in tone and content, sufficiently specific and comprehensive, presented in an understandable and legible format, timely and up-to-date, and useful. The Action Plan is very clear that every PIL need not be 100 percent complaint with these criteria to "count" toward satisfaction of the goals of the Plan and Public Law.

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[1] These eleven categories are derived from a prescription drug's full, FDA-approved professional labeling. There is significant overlap amongst the eleven categories. Recognizing that professional labeling is too technical for a lay patient to understand and follow, the HRPC PIL strives to eliminate the redundancies and complexities in professional labeling with simpler language and format. The HRPC PIL typically highlights significant contraindications and warnings in bullet points at the beginning of the PIL and includes other important health information in a separate section entitled "Side Effects and Warnings."

The Action Plan states:

> The following guidelines are intended to provide direction for the developers of written prescription medicine information, **but are not meant to be overly prescriptive**. The guidelines for both the content and the format represent the best judgement of the Steering Committee members as to the essential elements and characteristics of useful information and the preferred methods of presenting such information. It is expected that, as the Plan is implemented and additional information is gained concerning what constitutes "useful" information, these **guidelines will be subject to periodic review, evaluation, and refinement**. . . . The written information that meets these guidelines -- i.e., adheres to the criteria, includes the suggested components, and **substantially conforms** with the formatting suggestions . . . will be deemed "useful" information and will "count" toward the quantitative goals of the Plan.

Action Plan at pg. 16 (emphasis supplied).

The Action Plan clearly recognizes that any measurement of usefulness is necessarily subjective. If the Action Plan were as strict as some commentators contend, its criteria would not be "guidelines," but requirements.

CONSUMER/PATIENT REPRESENTATIVES SHOULD BE INVOLVED

The interim study made no provision for the involvement of consumers. HRPC believes that this omission is a significant shortcoming which should be remedied when FDA commissions the final study.

As set out in the interim study report, an Expert Panel of physicians and pharmacists determined what information must be included in the PILs for the selected drugs to meet the study criteria of scientific accuracy and usefulness. The Expert Panel then assessed whether the PILs collected met the study criteria. The input of consumers or patients was not sought during this quantitative process.

HRPC agrees with the conclusion implicit in the exclusion of consumers/patients from this quantitative portion of the interim study -- healthcare professionals are in the best position to assess what information about a particular drug, including directions, precautions, and adverse

reactions, must be included in the drug's PIL, and whether the PIL adheres to the criteria of the Action Plan and Public Law. HRPC believes that the Expert Panel which conducts this portion of the final study should similarly be comprised of healthcare professionals.[2]

The full professional or product labeling, or the typical "brief summary" which accompanies prescription drug advertising, would both likely be compliant with most of the criteria of the Action Plan and Public Law. However, over 50 percent of the United States population reads at or below an eighth grade reading level. The technical jargon and detail of the typical prescription drug product labeling or brief summary are unquestionably beyond the comprehension of the average patient. The information is too complex to be understood and too long to be retained.

To avoid this conumdrum of a technically complete, but incomprehensible PIL, consumers should be involved in the final study. HRPC suggests that once the Expert Panel for the final study determines that PILs otherwise adhere to the study criteria, the final study should seek consumer views on whether the PILs are legible and comprehensible. The reviewing consumers should have differing levels of education and skill. Such lay patients are in the best position to evaluate whether the risk information a PIL conveys can be read, understood, and remembered.

OTHER METHODOLOGICAL ISSUES

FDA seeks comment on various issues regarding the conduct of the interim and final studies. HRPC believes the interim study was methodologically sound. The final study can improve upon the excellent beginning made. HRPC offers several suggestions.

- FDA has asked whether there should be a minimum standard or threshold that must be met for the written information to be deemed useful. The interim study used a 9-point Likert scale to evaluate key measurements of usefulness. HRPC suggests FDA consider adopting a weighted average and "minimum" threshold for each of the study criterion. For instance, for each criterion within the study

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[2] HRPC suggests that the Expert Panel for the final study may benefit from the inclusion of a representative from a consumer-based organization who is familiar with the special information needs of particular patient populations, such as the elderly and those with low literacy skills. HRPC has enjoyed the important contributions and perspectives of such a representative on its own Advisory Board.

(i.e., "identify drug and benefits," "include specific directions," etc.) raters would have to score the PIL within a particular percentage for the PIL to fall within the "high adherence" (>80 percent) range.

- HRPC suggests FDA consider whether to weigh the PILs collected based upon store volume. To take an extreme example, if a small community pharmacy provided no PIL at all with a medication dispensed, but a very large, "superstore" pharmacy did, the study would report that only 50 percent of patients received useful written prescription information. The study would not evaluate the fact that the small pharmacy may only be dispensing 50 prescriptions a day, while the superstore dispenses 450 per day.

  The final study should measure the number of individuals receiving useful written information. If the study were weighted, in the above example, the actual percentage of patients receiving useful patient information would be 90 percent, not 50 percent.

- As discussed previously, HRPC suggests that the final study include consumers to evaluate the legibility and readability of the PILs. The final study also should not require that each PIL be 100 percent compliant with the study criteria to "count" toward the goals of the Action Plan and Public Law.

PRESENTATION OF RISK INFORMATION

An important component of usefulness is the communication of risk information. Patients should have sufficient information to be able to recognize and interpret any physical reactions to the medication. HRPC believes, however, that there is an tendency to be too inclusive of risk information.

In HRPC's view (a position shared by the Action Plan) the written prescription information must be specific and comprehensive, but should not be an exhaustive identification of every possible and potential risk associated with the use of a prescription drug. In short, and as stated in the Action Plan: "Consumers should be able to recognize that the information materials are summaries and are not exhaustive, and consumers should be encouraged to ask for additional information, such as the professional package insert." Action Plan at 19.

Written prescription information should be sufficiently detailed so that patients will be able to use their medications properly and avoid harm. However, in HRPC's view, risk information in the PIL is not a substitute for the advice of a health care professional. Over-inclusiveness results in patients being fearful of taking their prescribed medications, or conversely, ignoring the long-winded verbiage altogether. Including all known and possible adverse events and side effects trivializes important information which could be vital to a patient's well-being. As the Action Plan states, useful patient information need not contain information on every adverse event, but only "those possible adverse reactions from the use of the medicine that are serious or occur frequently." Action Plan at 21.

ANY STANDARD FORMAT MUST BE FLEXIBLE

HRPC publishes personalized newsletters for over 3,000 pharmacies. With each drug dispensed, the pharmacy prints a customized newsletter personalized for the patient. The pharmacy does not have the option of omitting some of the information on the PIL. All PILs at an HRPC-participating pharmacy are similar in style and format. The newsletters are all printed with HRPC-provided computers and printers.

During the February 29 and March 1 workshop, Dr. Svarstad, one of the study's investigators, noted significant differences in the format and legibility of the PILs among pharmacies. In some instances, while the information provided in a drug's PIL adhered to the study criteria, the PIL itself was very difficult to read. Reasons for the illegibility varied -- print size was small, there was inadequate white space around the text, there was insufficient spacing between lines, or the printer quality was poor.

FDA has asked whether the study should include a more detailed assessment of factors affecting readability and legibility, such as typesize, style, spacing, and contrast. The study could establish, for example, that any PIL not produced in a certain font and typesize would be less readable and legible than the preferred format, and would, therefore, be scored lower and deemed less adherent to the study criteria. Such a "detailed" assessment would most likely lead to the establishment of a standardized format for PILs.

A more unified format for the PILs is a desirable goal from a patient and consumer standpoint. Consumers have responded positively to the standardized formats for the presentation of Nutrition Facts on foods and usage and risk information for over-the-counter drugs. HRPC cautions, however, that any effort to standardize the PIL format must be very simple and easy to implement. HRPC, because it supplies its pharmacy customers with more advanced computers and printers, would likely be able to accommodate changes to the PIL format. Other suppliers and

retailers may not be able to meet the technical challenge of a standardized format. Moreover, as Dr. Svarstad's PIL examples demonstrate, the technological capabilities of many pharmacies, particularly small, community establishments, is more limited. The result may be that FDA mandates format requirements which some pharmacy computers and printers could not support or produce.

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HRPC thanks FDA for the opportunity to comment upon the proposed final study to measure adherence to the criteria of the Action Plan and Public Law 104-180.

Sincerely,

Michael J. McClorey /TEP

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President
Health Resour$_x$ce® Publishing Co.